

<b>State of Vermont Agency of Human Services Department of Corrections</b>	<b>Title:</b>  <b>Responses to Self-Harm</b>		<b>Page 1 of 6</b>
<b>Chapter: Security and Supervision</b>	<b># 413.11</b>	Supersedes <i>Interim Procedure, Responses to Self Harm</i> , dated June 1, 2006	
<b>Attachments, Forms &amp; Companion Documents: N/A</b>			
<b>Local Procedure(s) Required: No</b>			
<b>Applicability:</b> All staff, volunteers and contractors.			
<b>Security Level:</b> "B" - Anyone may have access to this document.			
<b>Approved:</b>			
<b>Robert D. Hofmann, Commissioner</b>	<b>June 26, 2006</b> <b>Date Signed</b>	<b>August 21, 2006</b> <b>Date Effective</b>	

## PURPOSE

The purpose of this administrative directive is to describe the methods and practices for the response to inmates who are at risk of self-harm in the facilities, particularly those methods and practices relating to segregation status, use of restraints and use of force.

## POLICY

The Department of Corrections does not punish inmates for engaging in self-harming behaviors and strives to ensure that inmates understand that confinement and uses of force are not punishment but applied to protect an inmate or others from injury.

## AUTHORITY & REFERENCE

28 V.S.A. §§ 101(1), 701(a), 801, 853, 903.

## DEFINITIONS

Administrative Segregation: A form of separation from the general population when the continued presence of the inmate in the general population would pose a serious threat to life, property, self, staff or other inmates or to the security or orderly running of the institution. Inmates pending investigation for trial on a criminal act or pending transfer may also be included.

Contraindication: Something (such as a symptom or condition) that makes a particular treatment or procedure inadvisable.

Disciplinary Segregation: A form of separation from the general population in which inmates committing serious violations of conduct regulations are confined for short

periods of time to individual cells separated from the general population. Placement in disciplinary segregation may only occur after finding of a rule violation at an impartial hearing and when there is not an adequate alternative disposition to regulate the inmate's behavior.

Qualified Health Care Professional (QHCP): Any person who by virtue of their education, credentials and experience is permitted by law to evaluate and care for patients. This includes, but is not necessarily limited to, physicians, physicians' assistants, nurses, nurse practitioners, dentists and mental health professionals.

Qualified Mental Health Professional (QMHP): Any person with professional training, experience, and demonstrated competence in the treatment of mental illness, who is a physician, psychiatrist, psychologist, social worker, nurse, psychiatric nurse practitioner, or other qualified person eligible for licensure in the State of Vermont as a mental health clinician and approved by the Health Services Director to provide mental health services.

Restraints: Restraints include any mechanical device used to control the movement of an inmate's body and/or limbs. Only those restraint devices specifically authorized and disseminated by the Department of Corrections are allowable.

Use of Force: Any situation in which an employee uses physical force against an inmate or other person, except those situations in which security restraints are used in a standard manner for escort or transport.

## **PROCEDURAL GUIDELINES**

### **A. ADMINISTRATIVE SEGREGATION**

#### **1. Placement in Administrative Segregation**

Individuals who engage in self-harming behaviors may experience an exacerbation of their condition when placed in segregation. Therefore, before an inmate who self-harms is placed on administrative segregation status, a qualified mental health professional must be consulted to determine whether contraindications to that placement exist. The qualified mental health professional must document in the inmate's medical record if contraindications to administrative segregation exist.

#### **2. Conditions of Administrative Segregation**

An inmate in administrative segregation for self-harming behaviors shall be entitled to the same property and privileges as all other inmates in administrative segregation unless the Department of Corrections can demonstrate the need to remove an item or curtail a privilege, consistent with the input of a qualified mental health professional.

3. Removal from Administrative Segregation Status

An inmate who self-harms who is placed on administrative segregation status solely for observation and self-protection will be removed from administrative segregation status as soon as a qualified mental health professional determines the inmate no longer poses a risk of harm to themselves because they are able, without continued placement in segregation, to satisfy their need for self protection and safety. At that point, the qualified mental health professional shall recommend transfer of the inmate to a mental health housing unit in the facility or the return of the inmate to their former housing status. The goal of this provision is to place the inmate in the least restrictive environment that security, safety, health and resources will allow.

**B. DISCIPLINARY SEGREGATION**

1. Limits to Placement in Disciplinary Segregation

Under no circumstances may an inmate be placed on disciplinary segregation for self-harming behaviors.

2. Placement in Disciplinary Segregation

Before an inmate who self-harms may be placed on disciplinary segregation status for conduct other than self-harming behavior, a qualified mental health professional must be consulted to determine whether contraindications to segregation exist. The qualified mental health professional must document in the inmate's medical record if contraindications to disciplinary segregation exist.

**C. MENTAL HEALTH ROUNDS/ASSESSMENTS IN SEGREGATION**

1. Weekly Rounds by Qualified Mental Health Professional

Qualified mental health professionals shall conduct weekly rounds on inmates who self-harm who are placed on administrative or disciplinary segregation status. After conducting rounds, the qualified mental health professional must document their assessment of each self-harming inmate's level of risk of self-harm and the plan and actions taken by the qualified mental health professional to reduce the risk and transition the inmate out of segregation status.

2. Daily Visits by a Qualified Mental Health or Health Care Professional

Inmates who self-harm who are in segregation shall also receive daily visits from a qualified mental health professional or a qualified health care professional to assess their status and initiate referrals to a qualified mental health professional if indicated by a standard brief mental health status examination. After conducting the brief mental status examination, the qualified mental health or health care

professional must document in the inmate's medical record whether: (1) the inmate is alert and oriented; (2) any signs exist of increased depression; (3) the inmate has exhibited any signs of suicidal ideation; (4) the inmate has exhibited any signs of self-harming ideation; (5) the inmate has exhibited any symptoms of psychosis; and (6) the inmate is making progress in transferring out of segregation status.

#### **D. USE OF RESTRAINTS**

##### **1. Correctional Staff-Initiated Restraints**

Efforts to de-escalate a self-harming inmate are preferred and restraints should be used only as a last resort when an inmate's behavior presents a risk of harm to themselves or others.

##### **2. Physician-Initiated Restraints**

Restraints may be ordered by a physician as an emergency intervention to prevent inmate harm to self or others. However, standing orders for restraints on an "as needed basis" (also known as PRN orders) are prohibited, and physician orders for the use of oleoresin capsicum ("OC spray" or "pepper spray") are prohibited.

##### **3. Application of Restraints/Conditions of Restraint**

- a. Only restraints authorized and/issued by the Department of Corrections will be used. Restraint equipment must be applied as humanely as possible. All restraint devices will be applied under the specific instructions for that device.
- b. Restraints will only be applied by correctional staff trained in their use.
- c. Potentially harmful objects that might interfere with the restraints should be removed.
- d. Clothing may be removed, if appropriate and necessary. In such cases, the inmate will be provided with a paper gown, sheet or other suitable protective covering.
- e. Inmates who self-harm will not be confined in 4-point restraints, defined as securing an inmate by the four points of arms and legs to a stationary surface.
- f. Inmates who self-harm will not be confined in an unnatural or unsafe position (hog tied, face-down or spread eagle). Mechanical restraints will never be used around the neck of an inmate or in any way that causes undue physical pain, restricts blood circulation or restricts breathing.

- g. Inmates in restraints should be permitted access to bathroom facilities as soon and as often as is necessary and possible without compromising safety.
- h. Meals will be provided in the form of "finger food". Water will be provided every two (2) hours or more often if required to maintain adequate hydration.

4. Assessment by a Qualified Mental Health Professional or Qualified Health Care Professional

Any inmate remaining in correctional staff-initiated restraints beyond the initial emergency must have an immediate, face-to-face assessment by a qualified mental health professional or by a qualified health care professional if a qualified mental health professional is not available.

5. Consideration of Other Interventions

A qualified mental health professional must begin to consider other interventions, including a request for admission to a psychiatric hospital, if restraint has failed to stabilize the inmate within eight (8) hours. A qualified mental health professional must document all other interventions considered to stabilize the inmate, and where that includes a request for admission to a psychiatric hospital, the qualified mental health professional must document all facilities contacted and the nature of the discussions with those facilities.

6. Routine Movement/Transportation

Use of restraints during the routine transportation of an inmate from one point to another in a correctional facility or to and from a correctional facility to court, a medical appointment or program in the community shall be governed by departmental directive on *Transportation of Inmates and Offenders*, #406.01

**E. USE OF FORCE**

All uses of force against self-harming inmates must be conducted in accordance with *Administrative Directive 413.01, Use of Force – Facilities*. All staff must fill out a Use of Force Report for any use of force, in accordance with this directive.

**F. TRAINING AND QUALITY ASSURANCE**

The Director of Security Operations and Audits will work with the Director of Human Resources to ensure that all appropriate personnel are trained in the provisions of this Directive.

The Quality Management Unit will audit all facilities for compliance with accurate use and documentation of procedures and timeliness of responses by qualified health care professionals.